Local Coverage Determination (LCD):
Nasal Punctum-Nasolacrimal Duct Dilation and Probing with or without Irrigation (L34171)

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Contractor Information

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LCD Information

Document Information

**LCD ID**
L34171

**LCD Title**
Nasal Punctum-Nasolacrimal Duct Dilation and Probing with or without Irrigation

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
N/A

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**CMS National Coverage Policy**

Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is *italicized* throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

**Title XVIII of the Social Security Act (SSA):**

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

**Coverage Guidance**

**Coverage Indications, Limitations, and/or Medical Necessity**

**Abstract:**

Dilation of nasolacrimal punctum and probing of nasolacrimal duct, with or without irrigation are useful treatments when mechanical, inflammatory or infectious processes cause or contribute to obstruction of normal tear drainage resulting in epiphora (excess tearing) or persistent infection.

The most common cause of obstruction in adults is primary acquired nasolacrimal duct obstruction (PANDO).
Epiphora (excess tearing) is the most common symptom of obstruction of the nasolacrimal system. Tear duct obstruction in adults can occur at any point in the nasolacrimal system including the punctum, nasolacrimal sac, and nasolacrimal duct. Obstruction most commonly occurs in the puncta or nasolacrimal duct and sac. Disease of the canalicular system is less common.

It is important to differentiate between chronic epiphora, acute epiphora, and normal tearing. Chronic epiphora results from a persistent or continuous disorder and usually presents a more challenging clinical problem. Acute epiphora usually results from irritative ocular conditions such as corneal foreign bodies, allergic conjunctivitis, environmental factors such as wind, pollen, eyestrain, emotional stress, and sleep deprivation. One of the most common causes of excess tearing in older adults is dry eye syndrome. Acute epiphora usually resolves with treatment of the associated disorder and may not require dilation or probing.

Before dilation and/or probing are performed, pre-punctal disturbances of ocular surface tear flow such as lid malposition and non-obstructive causes (allergy, dry eye, blepharitis, etc.) should be excluded. Tear production measurement (Schirmer test), and tear break-up time (TBUT) can indicate insufficiency or instability of tears, which can cause or contribute to epiphora. Dye disappearance testing (sodium fluorescein), Jones dye testing or saccharine testing can be used to exclude significant obstruction and/or help identify the site and degree of obstruction.

If after the history, physical examination (including slit lamp), and other appropriate non-invasive tests have been completed, the site of obstruction is suspected to be at or distal to the punctum, dilation may proceed. Local anesthetic is instilled, and then the punctum is gradually dilated using probes of increasing size. If simple dilation fails to establish patency, lacrimal probing may be performed by passing a malleable wire probe through the punctum, into the canaliculus, lacrimal sac and down the nasolacrimal duct until patency is established. Irrigation may be used during both dilation and probing.

For patients in whom nasolacrimal duct probing has failed, further surgical treatment is available.

Punctal dilation and lacrimal duct probing is contraindicated in the following circumstances:

- Anatomic malformations in the lacrimal duct or bony lacrimal canal;
- Recurrent episodes of active dacryocystitis;
- Post-traumatic strictures with bony narrowing;
- Tumor of the lacrimal sac.


**Indications:**

Nasolacrimal punctal dilation and nasolacrimal duct probing may be reasonable and necessary when obstruction at or distal to the lacrimal puncta is reasonably suspected to be causing or contributing to the patient’s symptoms (usually excessive tearing (epiphora) or chronic dacryocystitis), and when such measures are required to alleviate the patient’s symptoms and reduce the likelihood of infection or damage to the lacrimal drainage apparatus.

Probing of the nasolacrimal duct and/or dilation of the nasolacrimal punctum can be carried out for any of the following indications:

- Epiphora (excessive tearing) due to acquired obstruction within the nasolacrimal sac and duct;
- A mucocele of the lacrimal sac;
- Chronic dacryocystitis or conjunctivitis due to lacrimal sac obstruction;
• Lacrimal sac infection that must be relieved before intra-ocular surgery.

Limitations:

1. Payment for these procedures for treatment of epiphora is limited to patients whose medical records indicate they have first undergone a thorough lacrimal evaluation that includes at least the following:
   • Consideration by history and physical examination (including slit lamp), of likely pre-punctal and/or non-obstructive causes for epiphora such as disturbances of ocular surface tear flow by lid malposition, allergy, dry eye, blepharitis; and
   • Non-invasive testing to diagnose punctal or post-punctal obstruction and to identify the site and degree of obstruction, such as by using dye disappearance testing when appropriate; followed by
   • Initiation of appropriate treatment.
2. Separate reimbursement for tear production measurement (Schirmer test), tear break-up time (TBUT), dye disappearance testing (sodium fluorescein), Jones dye testing or saccharine testing is not available. These are considered part of a general ophthalmological examination or E&M service.
3. Reimbursement for CPT 68801 and 68810 is limited to only the specific eye(s), right or left, for which these procedures are considered reasonable and necessary. Payment for performance of a bilateral procedure may be denied or reduced to a unilateral procedure if medical record documentation fails to support that both eyes had qualifying signs or symptoms and had undergone proper pre-procedural evaluation as described above.
4. Punctal dilation and lacrimal duct probing are not indicated for dacryocystolithiasis.
5. CPT 68810, 68811 or 68815 are primarily pediatric procedures, and are only rarely required in adults, whereas CPT 68840 is more commonly performed in the adult population. The submitted CPT code must reflect the true extent of a reasonable and necessary procedure. Thus, if it is only medically necessary to dilate the punctum or probe the canaliculi it would be inappropriate to submit 68810, for example.
6. Provision of any of these services is subject to state regulations, and individual providers’ scopes of practice.

Other Comments:

For claims submitted to the Part A MAC: This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CGS Administrators, LLC to process their claims.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care for Nasal Punctum-Nasolacrimal Duct Dilation and Probing with or without Irrigation services as authorized by State law. (See Sections 1861[ s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)
General Information

Associated Information

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Medical record documentation should indicate that before these procedures were performed an adequate lacrimal work-up and non-invasive evaluation were completed. Such an evaluation should include at minimum:

- Consideration by history and physical examination (including slit lamp), of likely pre-punctal and/or non-obstructive causes for epiphora such as disturbances of ocular surface tear flow by lid malposition, allergy, dry eye, blepharitis; and
- Non-invasive testing to diagnose punctal or post-punctal obstruction and to identify the site and degree of obstruction, such as by using dye disappearance testing when appropriate; followed by
- Initiation of appropriate treatment.

The medical record must contain a clear procedure note documenting the anesthesia, dilation, probing and irrigation procedures and indicating the results, such as: the likely site(s) of obstruction and whether and to what degree patency has been confirmed /established, or persistent obstruction remains.

Not applicable

Effective antibiotic treatments exist for infection and definitive surgical treatments are available for most obstructive disorders of the nasolacrimal system. While it is recognized that some patients may occasionally require more frequent treatment, the majority of patients who do qualify for treatment will rarely need it more than twice per year.

Claims from providers who perform and bill for these procedures more frequently than their peers, especially without having documented a clinical and non-invasive evaluation indicating that pre-punctal and non-obstructive causes of epiphora have been considered, excluded and/or treated, may be subject to review and/or denial.

CPT 68810, 68811 or 68815 are primarily pediatric procedures, and are only rarely required in adults, whereas CPT
68840 is more commonly performed in the adult population. Providers with unusually frequent billing of 68810 may be subject to review. The submitted CPT code must reflect the true extent of a reasonable and necessary procedure. Thus, if it is only medically necessary to dilate the puncta or probe the canaliculi it would be inappropriate to submit 68810, for example. Claims for 68810 will be downcoded to 68840 or 68801, or denied if the medical record fails to demonstrate medical necessity and adequate documentation according to the requirements of this policy.

**Sources of Information**

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below:


**Bibliography**

N/A

**Revision History Information**

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Created on 11/07/2019. Page 6 of 9
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### Associated Documents

**Attachments**

N/A

**Related Local Coverage Documents**

Article(s)

A52391 - Nasal Punctum/Nasolacrimal Duct Dilation and Probing with or without Irrigation – Supplemental Instructions Article

**Related National Coverage Documents**

N/A

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